

*Arson and Juvenile Firesetter Module:  
NFIRS 11  
Scenario 11-2 Answers*

# NFIRS 5.0 SELF STUDY PROGRAM

## APPENDIX A

<b>A</b> FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05/03/2002"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="000"/> <div style="float: right;"> <input type="checkbox"/> Delete  <input type="checkbox"/> Change  <input type="checkbox"/> No Activity         </div> <div style="border: 1px solid black; padding: 2px; float: right; text-align: center;"> <b>NFIRS - 1 Basic</b> </div>			
<b>B Location</b> <input type="checkbox"/> Check this box to indicate that the address for this incident is provided on the Wildland Fire Module in Section B "Alternative Location Specification". Use only. <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Street address  <input type="checkbox"/> Intersection  <input type="checkbox"/> In front of  <input type="checkbox"/> Rear of  <input checked="" type="checkbox"/> Adjacent to  <input type="checkbox"/> Directions         </div> <div>           MM <input type="text" value="73"/> I-95            Number/Milepost Prefix Street or Highway            Apt./Suite/Room <input type="text" value="Brunswick"/> City  <input type="text" value="Near Exit 2B"/> </div> <div>           Census Tract <input type="text" value="0501"/> <input type="text" value="20"/>            Street Type <input type="text"/> Suffix <input type="text"/>            State <input type="text" value="VA"/> Zip Code <input type="text" value="23351"/> </div> </div> <div style="text-align: center; font-size: small;">       Cross street or directions, as applicable     </div>			
<b>C Incident Type</b> <input type="text" value="131"/> <input type="text" value="Passenger Vehicle"/> Incident Type	<b>E1 Dates &amp; Times</b> Midnight is 0000 Month <input type="text" value="05"/> Day <input type="text" value="03"/> Year <input type="text" value="2002"/> Hour <input type="text" value="23"/> Min <input type="text" value="58"/> Check boxes if dates are the same as Alarm Date. <input type="checkbox"/> Alarm <input type="checkbox"/> Arrival <input type="checkbox"/> Controlled <input type="checkbox"/> Last Unit Cleared	<b>E2 Shifts &amp; Alarms</b> Local Option <input type="text" value="C"/> Shift or platoon <input type="text" value="A"/> Alarms <input type="text" value="05"/> District <b>E3 Special Studies</b> Local Option <input type="text"/> Special Study ID# <input type="text"/> Special Study Value	
<b>D Aid Given or Received</b> <input type="text" value="1"/> <input type="text" value="Mutual aid received"/> 1 <input type="checkbox"/> Mutual aid received 2 <input type="checkbox"/> Automatic aid recvd. 3 <input type="checkbox"/> Mutual aid given 4 <input type="checkbox"/> Automatic aid given 5 <input type="checkbox"/> Other aid given N <input checked="" type="checkbox"/> None	<b>F Actions Taken</b> <input type="text" value="1"/> <input type="text" value="Extinguish"/> Primary Action Taken (1) <input type="text"/> Additional Action Taken (2) <input type="text"/> Additional Action Taken (3)		
<b>G1 Resources</b> <input type="checkbox"/> Check this box and skip this section if an Apparatus or Personnel form is used. Apparatus <input type="text" value="2"/> Personnel <input type="text" value="6"/> EMS <input type="text" value="0"/> Other <input type="text" value="1"/>		<b>G2 Estimated Dollar Losses &amp; Values</b> LOSSES: Required for all fires if known. Optional for non None Property \$ <input type="text" value="26"/> <input type="text" value="00"/> Contents \$ <input type="text" value="0"/> <input type="text" value="0"/> PRE-INCIDENT VALUE: Optional Property \$ <input type="text"/> <input type="text"/> <input type="text"/> Contents \$ <input type="text"/> <input type="text"/> <input type="text"/>	
<b>Completed Modules</b> <input type="checkbox"/> Fire-2 <input type="checkbox"/> Structure-3 <input type="checkbox"/> Civilian Fire Cas.-4 <input type="checkbox"/> Fire Serv. Casualty-5 <input type="checkbox"/> EMS-6 <input type="checkbox"/> HazMat-7 <input type="checkbox"/> Wildland Fire-8 <input type="checkbox"/> Apparatus-9 <input type="checkbox"/> Personnel-10 <input type="checkbox"/> Arson-11	<b>H1 Casualties</b> <input type="checkbox"/> None Deaths Injuries Fire Service <input type="text" value="0"/> <input type="text" value="0"/> Civilian <input type="text" value="0"/> <input type="text" value="0"/> <b>H2 Detector</b> Required for confined fires. 1 <input type="checkbox"/> Detector alerted occupants 2 <input type="checkbox"/> Detector did not alert them U <input type="checkbox"/> Unknown		
<b>H3 Hazardous Materials Release</b> N <input type="checkbox"/> None 1 <input type="checkbox"/> Natural gas: slow leak, no evacuation or HazMat actions 2 <input type="checkbox"/> Propane gas: <21 lb. tank (as in home BBQ grill) 3 <input type="checkbox"/> Gasoline: vehicle fuel tank or portable container 4 <input type="checkbox"/> Kerosene: fuel burning equipment or portable storage 5 <input type="checkbox"/> Diesel fuel/fuel oil: vehicle fuel tank or portable storage 6 <input type="checkbox"/> Household solvents: home/office spill, cleanup only 7 <input type="checkbox"/> Motor oil: from engine or portable container 8 <input type="checkbox"/> Paint: from paint cans totaling <55 gallons 0 <input checked="" type="checkbox"/> Other: Special HazMat actions required or spill > 55 gal., Please complete the HazMat form		<b>I Mixed Use Property</b> NN <input checked="" type="checkbox"/> Not mixed 10 <input type="checkbox"/> Assembly Use 20 <input type="checkbox"/> Education use 30 <input type="checkbox"/> Medical use 40 <input type="checkbox"/> Residential use 51 <input type="checkbox"/> Row of stores 53 <input type="checkbox"/> Enclosed mall 58 <input type="checkbox"/> Business & residential 59 <input type="checkbox"/> Office use 60 <input type="checkbox"/> Industrial use 63 <input type="checkbox"/> Military use 65 <input type="checkbox"/> Farm use 00 <input type="checkbox"/> Other mixed use	
<b>J Property Use</b> <input type="text" value="341"/> <input type="text" value="Structures"/> 131 <input type="checkbox"/> Church, place of worship 161 <input type="checkbox"/> Restaurant or cafeteria 162 <input type="checkbox"/> Bar/tavern or nightclub 213 <input type="checkbox"/> Elementary school or kindergart. 215 <input type="checkbox"/> High school or junior high 241 <input type="checkbox"/> College, adult ed. 311 <input type="checkbox"/> Care facility for the aged 331 <input type="checkbox"/> Hospital Outside 124 <input type="checkbox"/> Playground or park 655 <input type="checkbox"/> Crops or orchard 669 <input type="checkbox"/> Forest (timberland) 807 <input type="checkbox"/> Outdoor storage area 919 <input type="checkbox"/> Dump or sanitary landfill 931 <input type="checkbox"/> Open land or field		341 <input type="checkbox"/> Clinic, clinic type infirmary 342 <input type="checkbox"/> Doctor/dentist office 361 <input type="checkbox"/> Prison or jail, not juvenile 419 <input type="checkbox"/> 1- or 2- family dwelling 429 <input type="checkbox"/> Multi-family dwelling 439 <input type="checkbox"/> Rooming/boarding house 449 <input type="checkbox"/> Commercial hotel or motel 459 <input type="checkbox"/> Residential, board and care 464 <input type="checkbox"/> Dormitory/barracks 519 <input type="checkbox"/> Food and beverage sales 936 <input type="checkbox"/> Vacant lot 938 <input type="checkbox"/> Graded/cared for plot of land 946 <input type="checkbox"/> Lake, river, stream 951 <input type="checkbox"/> Railroad right of way 960 <input type="checkbox"/> Other street 961 <input checked="" type="checkbox"/> Highway/divided highway 962 <input type="checkbox"/> Residential street/driveway 539 <input type="checkbox"/> Household goods, sales, repairs 579 <input type="checkbox"/> Motor vehicle/boat sales/repairs 571 <input type="checkbox"/> Gas or service station 599 <input type="checkbox"/> Business office 615 <input type="checkbox"/> Electric generating plant 629 <input type="checkbox"/> Laboratory/science lab 700 <input type="checkbox"/> Manufacturing plant 819 <input type="checkbox"/> Livestock/poultry storage (barn) 882 <input type="checkbox"/> Non-residential parking garage 891 <input type="checkbox"/> Warehouse 981 <input type="checkbox"/> Construction site 984 <input type="checkbox"/> Industrial plant yard Look up and enter a Property Use code only if you have NOT checked a Property Use box: <input type="text"/>	

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**NFIRS 5.0 SELF STUDY PROGRAM  
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**K1 Person/Entity Involved**

Local Option \_\_\_\_\_ Business name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix  
 \_\_\_\_\_ **X** **R** **o** **b** **e** **r** **t** \_\_\_\_\_ **L** \_\_\_\_\_ **A** **n** **d** **e** **r** **s** **o** **n** \_\_\_\_\_  
 Number Prefix Street or Highway Street Type Suffix  
 \_\_\_\_\_ **1** **6** **3** **0** \_\_\_\_\_ **S** **e** **c** **o** **n** **d** \_\_\_\_\_ **A** **V** **E** \_\_\_\_\_  
 Post Office Box Apt./Suite/Room City  
 \_\_\_\_\_ \_\_\_\_\_ **J** **a** **r** **r** **e** **t** **t** \_\_\_\_\_  
 State Zip Code  
 \_\_\_\_\_ **N** **C** \_\_\_\_\_ **2** **4** **5** **0** **1** \_\_\_\_\_

☒ More people involved? Check this box and attach Supplemental Forms (NFIRS-1S) as necessary.

**K2 Owner**

Local Option \_\_\_\_\_ Same as person involved? Then check this box and skip the rest of this section. Business name (if applicable) \_\_\_\_\_ Area Code \_\_\_\_\_ Phone Number \_\_\_\_\_

☐ Check this box if same address as incident location. Then skip the three duplicate address lines.

Mr., Ms., Mrs. First Name MI Last Name Suffix  
 \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
 Number Prefix Street or Highway Street Type Suffix  
 \_\_\_\_\_ **2** **3** \_\_\_\_\_ **W** **a** **s** **h** **i** **n** **g** **t** **o** **n** \_\_\_\_\_ **S** **T** **N** \_\_\_\_\_  
 Post Office Box Apt./Suite/Room City  
 \_\_\_\_\_ \_\_\_\_\_ **J** **a** **r** **r** **e** **t** **t** \_\_\_\_\_  
 State Zip Code  
 \_\_\_\_\_ **V** **A** \_\_\_\_\_ **2** **4** **3** **2** **1** **9** \_\_\_\_\_

**L Remarks:**


Local Option \_\_\_\_\_

Mr Anderson cut his head when his car hit the guardrail. Bleeding was stopped. He was released to Ace Towing Service. The towing service provider provided him with a ride from the incident. He said that his front seat caught on fire from a cigarette. He was drowsy from a prescription drug that he took.

**Fire Module Required?**

Check the box that applies and then complete the additional Fire mod. based on Incident Type as follows:

<input type="checkbox"/> Buildings 111	Complete Fire & Structure
<input type="checkbox"/> Special structure 112	Complete Fire Mod. & the 1 block on Structure Module
<input type="checkbox"/> Confined 113-118	Complete Basic Module
<input type="checkbox"/> Mobile Property 120-123	Complete Fire Module
<input type="checkbox"/> Vehicle 130-138	Complete Fire Module
<input type="checkbox"/> Vegetation 140-143	Complete Fire or Wildland
<input type="checkbox"/> Outside rubbish fire 150-155	Complete Basic Module
<input type="checkbox"/> Special outside fire 160-164	Complete Fire Module
<input type="checkbox"/> Crop fire 170-173	Complete Fire Module

 **ITEMS WITH A ☆ MUST ALWAYS BE COMPLETED!**

☒ More remarks? Check this box and attach Supplemental Forms(NFIRS-1S) as necessary.

**M Authorization**

Check box if same as Officer in charge. ☐

Officer in charge ID \_\_\_\_\_ Signature \_\_\_\_\_ Position or rank \_\_\_\_\_ Assignment \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

Member making report ID \_\_\_\_\_ Signature \_\_\_\_\_ Position or rank \_\_\_\_\_ Assignment \_\_\_\_\_ Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

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<b>K</b>	FDID <input type="text" value="9211818"/>	State <input type="text" value="VA"/>	Incident Date <input type="text" value="05/03/2002"/>	Station <input type="text" value="001"/>	Incident Number <input type="text" value="0005455"/>	Exposure <input type="text" value="000"/>	<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS - 1S Supplemental</b>

**K1 Person/Entity Involved** Business name if applicable  Phone Number

Local Option ☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or highway  Street Type  Suffix

Post office box  Apt./Suite/Room  City

State  Zip Code

**K2 Person/Entity Involved** Business name if applicable  Phone Number

Local Option ☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or highway  Street Type  Suffix

Post office box number  Apt./Suite/Room  City

State  Zip Code

**K3 Person/Entity Involved** Business name if applicable  Phone Number

Local Option ☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or highway  Street Type  Suffix

Post office box number  Apt./Suite/Room  City

State  Zip Code

**K4 Person/Entity Involved** Business name if applicable  Phone Number

Local Option ☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or highway  Street Type  Suffix

Post office box  Apt./Suite/Room  City

State  Zip Code

**K5 Person/Entity Involved** Business name if applicable  Phone Number

Local Option ☐ Check this box if same address as incident location. Then skip these three duplicate address lines.

Mr., Ms., Mrs.  First Name  MI  Last Name  Suffix

Number  Prefix  Street or highway  Street Type  Suffix

Post office box  Apt./Suite/Room  City

State  Zip Code

NFIRS-11 Revision 6/9/98

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Complete this side for all fires					
<b>A</b>	FDID <input type="text" value="92188"/>	State <input type="text" value="VA"/>	Incident Date <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="02"/>	Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/>	Exposure <input type="text" value="000"/>
<input type="checkbox"/> Delete <b>NFIRS - 2 Fire</b> <input type="checkbox"/> Change					
<b>B Property Details</b>  <b>B1</b> <input type="text" value="0"/> <input checked="" type="checkbox"/> <b>Not Residential</b> <small>Estimated number of residential living units in building of origin <i>whether or not all units became involved</i></small>  <b>B2</b> <input type="text" value="0"/> <input type="checkbox"/> <b>Buildings not involved</b> <small>Number of buildings involved</small>  <b>B3</b> <input type="text" value="1"/> <input type="checkbox"/> <b>None</b> <small>Acres burned (outside fires)</small> <input type="checkbox"/> <b>Less than one acre</b>			<b>C On-Site Materials or Products</b> <input type="checkbox"/> <b>None</b> <small>Enter up to three codes. Check one box for each code entered.</small>  <div style="display: flex;"> <div style="flex: 1;"> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>  <small>On-site material (1)</small> </div> <div style="flex: 1;"> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>  <small>On-site material (2)</small> </div> <div style="flex: 1;"> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>  <small>On-site material (3)</small> </div> </div> <div style="display: flex;"> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing  2 <input type="checkbox"/> Processing or manufacturing  3 <input type="checkbox"/> Packaged goods for sale  4 <input type="checkbox"/> Repair or service         </div> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing  2 <input type="checkbox"/> Processing or manufacturing  3 <input type="checkbox"/> Packaged goods for sale  4 <input type="checkbox"/> Repair or service         </div> <div style="flex: 1;"> 1 <input type="checkbox"/> Bulk storage or warehousing  2 <input type="checkbox"/> Processing or manufacturing  3 <input type="checkbox"/> Packaged goods for sale  4 <input type="checkbox"/> Repair or service         </div> </div>		
<b>D Ignition</b>  <b>D1</b> <input type="text" value="81"/> <input type="text" value="1"/> <b>Operator/passenger area</b> <small>Area of fire origin</small>  <b>D2</b> <input type="text" value="61"/> <input type="text" value="1"/> <b>Cigarette</b> <small>Heat source</small>  <b>D3</b> <input type="text" value="62"/> <input type="text" value="1"/> <b>Flammable liquid/gas...</b> <small>Item first ignited</small> <input type="checkbox"/> Check box if fire spread was confined to object of origin  <b>D4</b> <input type="text" value="23"/> <input type="text" value="1"/> <b>Gasoline</b> <small>Type of material first ignited</small> <small>Required only if item first ignited code is 00 or &lt;70</small>			<b>E1 Cause of Ignition</b> <input type="checkbox"/> Check box if this is an exposure report. <input type="button" value="Skip to Section G"/> 1 <input checked="" type="checkbox"/> <b>Intentional</b> 2 <input type="checkbox"/> <b>Unintentional</b> 3 <input type="checkbox"/> <b>Failure of equipment or heat source</b> 4 <input type="checkbox"/> <b>Act of nature</b> 5 <input type="checkbox"/> <b>Cause under investigation</b> U <input type="checkbox"/> <b>Cause undetermined after investigation</b>  <b>E2 Factors Contributing To Ignition</b> <input type="checkbox"/> <b>None</b> <input type="text" value="11"/> <input type="text" value="1"/> <b>Abandoned or discarded materials or products</b> <small>Factor contributing to ignition (1)</small> <input type="text" value="10"/> <input type="text" value="1"/> <b>Misuse of material or product, other</b> <small>Factor contributing to ignition (2)</small>		
<b>F1 Equipment Involved In Ignition</b> <input checked="" type="checkbox"/> <b>None</b> <input type="button" value="If equipment was not involved, skip to Section G"/>  <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <small>Equipment Involved</small>  Brand <input type="text"/> Model <input type="text"/> Serial # <input type="text"/> Year <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/>			<b>F2 Equipment Power Source</b> <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <small>Equipment Power Source</small>  <b>F3 Equipment Portability</b> 1 <input type="checkbox"/> <b>Portable</b> 2 <input type="checkbox"/> <b>Stationary</b>  <small>Portable equipment normally can be moved by one person, is designed to be used in multiple locations, and requires no tools to install.</small>		<b>G Fire Suppression Factors</b> <small>Enter up to three codes.</small> <input checked="" type="checkbox"/> <b>None</b>  <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <small>Fire suppression factor (1)</small>  <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <small>Fire suppression factor (2)</small>  <input type="text" value="1"/> <input type="text" value="1"/> <input type="text" value="1"/> <small>Fire suppression factor (3)</small>
<b>H1 Mobile Property Involved</b> <input type="checkbox"/> <b>None</b> 1 <input type="checkbox"/> <b>Not involved in ignition, but burned</b> 2 <input type="checkbox"/> <b>Involved in ignition, but did not burn</b> 3 <input checked="" type="checkbox"/> <b>Involved in ignition and burned</b>  <input type="text" value="Explorer"/> <small>Mobile property model</small>  <input type="text" value="A1CZ586"/> <input type="text" value="VA"/> <input type="text" value="1FB1E1U54XAB1C145161341"/> <small>License Plate Number                      State                      VIN Number</small>			<b>H2 Mobile Property Type &amp; Make</b> <input type="text" value="11"/> <input type="text" value="1"/> <b>Passenger Car</b> <small>Mobile property type</small>  <input type="text" value="F"/> <input type="text" value="O"/> <b>Ford</b> <small>Mobile property make</small>  <input type="text" value="1"/> <input type="text" value="9"/> <input type="text" value="9"/> <input type="text" value="9"/> <small>Year</small>		<b>Local Use</b> <input type="checkbox"/> <b>Pre-Fire Plan Available</b> <small>Some of the information presented in this report may be based upon reports from other agencies:</small>  <input type="checkbox"/> <b>Arson report attached</b> <input type="checkbox"/> <b>Police report attached</b> <input type="checkbox"/> <b>Coroner report attached</b> <input type="checkbox"/> <b>Other reports attached</b>  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;"> <b>Structure fire? Please be sure to complete the other side of this form.</b> </div>

NFIRS-2 Revision 01/19/99

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<b>A</b> FDID <u>912188</u> State <u>VA</u> Incident Date <u>05/03/2002</u> Station <u>001</u> Incident Number <u>0005455</u> Exposure <u>000</u>		<input type="checkbox"/> Delete <input type="checkbox"/> Change	<b>NFIRS-6 EMS</b>
<b>B</b> Number of Patients <u>1</u> Patient Number <u>1</u>		<b>C</b> Date/Time Check if same date as alarm <input checked="" type="checkbox"/> Time Arrived at Patient <u>05/04/2002</u> <u>00:06</u> <input checked="" type="checkbox"/> Time of Patient Transfer <u>05/04/2002</u> <u>00:25</u>	
<b>D</b> Provider Impression/Assessment <input checked="" type="checkbox"/> Check one box only			
10 <input type="checkbox"/> Abdominal pain 11 <input type="checkbox"/> Airway obstruction 12 <input type="checkbox"/> Allergic reaction 13 <input type="checkbox"/> Altered LOC 14 <input type="checkbox"/> Behavioral/psych 15 <input type="checkbox"/> Burns 16 <input type="checkbox"/> Cardiac arrest 17 <input type="checkbox"/> Cardiac dysrhythmia	18 <input type="checkbox"/> Chest pain 19 <input type="checkbox"/> Diabetic symptom 20 <input type="checkbox"/> Do not resuscitate 21 <input type="checkbox"/> Electrocution 22 <input type="checkbox"/> General illness 23 <input checked="" type="checkbox"/> Hemorrhaging/bleeding 24 <input type="checkbox"/> Hyperthermia 25 <input type="checkbox"/> Hypothermia	26 <input type="checkbox"/> Hypovolemia 27 <input type="checkbox"/> Inhalation injury 28 <input type="checkbox"/> Obvious death 29 <input type="checkbox"/> OD/poisoning 30 <input type="checkbox"/> Pregnancy/OB 31 <input type="checkbox"/> Respiratory arrest 32 <input type="checkbox"/> Respiratory distress 33 <input type="checkbox"/> Seizure	34 <input type="checkbox"/> Sexual assault 35 <input type="checkbox"/> Sting/bite 36 <input type="checkbox"/> Stroke/CVA 37 <input type="checkbox"/> Syncope 38 <input type="checkbox"/> Trauma 00 <input type="checkbox"/> Other NN <input type="checkbox"/> None/no patient or refused treatment
<b>E1</b> Age or Date of Birth <u>049</u> <input type="checkbox"/> Months (for infants) Age <u>    </u> OR <u>    </u> Month Day Year	<b>F1</b> Race 1 <input type="checkbox"/> White 2 <input checked="" type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian/Eskimo 4 <input type="checkbox"/> Asian 0 <input type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	<b>G1</b> Human Factors Check all applicable boxes 1 <input type="checkbox"/> Asleep 2 <input type="checkbox"/> Unconscious 3 <input type="checkbox"/> Possibly impaired by alcohol 4 <input checked="" type="checkbox"/> Possibly impaired by drugs 5 <input type="checkbox"/> Possibly mentally disabled 6 <input type="checkbox"/> Physically disabled 7 <input type="checkbox"/> Physically restrained 8 <input type="checkbox"/> Unattended person N <input type="checkbox"/> None	<b>G2</b> Other Factors <div style="border: 1px solid black; padding: 5px; margin: 5px;">         If an illness, not an injury, skip G2 and go to H3       </div> 1 <input type="checkbox"/> Accidental 2 <input type="checkbox"/> Self-inflicted 3 <input type="checkbox"/> Inflicted, not self N <input checked="" type="checkbox"/> None
<b>E2</b> Gender 1 <input checked="" type="checkbox"/> Male 2 <input type="checkbox"/> Female		<b>F2</b> Ethnicity 1 <input type="checkbox"/> Hispanic	
<b>H1</b> Body Site of Injury List up to five body sites <u>1</u> <u>Head</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>			<b>H2</b> Injury Type List one injury type for each body site listed under H1 <u>16</u> <u>Laceration</u> <u>    </u> <u>    </u> <u>    </u> <u>    </u>
		<b>H3</b> Cause of Illness/Injury <u>29</u> Cause of illness/injury <u>Motor Vehicle</u>	
<b>I</b> Procedures Used Check all applicable boxes 01 <input type="checkbox"/> Airway insertion 02 <input type="checkbox"/> Anti-shock trousers 03 <input type="checkbox"/> Assist ventilation 04 <input checked="" type="checkbox"/> Bleeding control 05 <input type="checkbox"/> Burn care 06 <input type="checkbox"/> Cardiac pacing 07 <input type="checkbox"/> Cardioversion (defib) manual 08 <input type="checkbox"/> Chest/abdominal thrust 09 <input type="checkbox"/> CPR 10 <input type="checkbox"/> Cricothyroidotomy 11 <input type="checkbox"/> Defibrillation by AED 12 <input type="checkbox"/> EKG monitoring 13 <input type="checkbox"/> Extrication 14 <input type="checkbox"/> Intubation (EGTA) 15 <input type="checkbox"/> Intubation (ET) 16 <input type="checkbox"/> IO/IV therapy 17 <input type="checkbox"/> Medications therapy 18 <input type="checkbox"/> Oxygen therapy 19 <input type="checkbox"/> OB care/delivery 20 <input type="checkbox"/> Prearrival instructions 21 <input type="checkbox"/> Restrain patient 22 <input type="checkbox"/> Spinal immobilization 23 <input type="checkbox"/> Splint extremities 24 <input type="checkbox"/> Suction/aspirate NN <input type="checkbox"/> No Treatment 00 <input type="checkbox"/> Other		<b>J</b> Safety Equipment Used or deployed by Patient 1 <input type="checkbox"/> Safety/seat belts 2 <input type="checkbox"/> Child safety seat 3 <input type="checkbox"/> Airbag 4 <input type="checkbox"/> Helmet 5 <input type="checkbox"/> Protective clothing 6 <input type="checkbox"/> Flotation device N <input checked="" type="checkbox"/> None 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
		<b>K</b> Cardiac Arrest Check all applicable boxes 1 <input type="checkbox"/> Pre-arrival arrest? If pre-arrival arrest, was it? 1 <input type="checkbox"/> Witnessed 2 <input type="checkbox"/> Bystander CPR 2 <input type="checkbox"/> Post-arrival arrest? Initial Arrest Rhythm 1 <input type="checkbox"/> V-Fib/ V-Tach 0 <input type="checkbox"/> Other U <input type="checkbox"/> Undetermined	
<b>L1</b> Initial Level of Provider <input checked="" type="checkbox"/> 1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No Training	<b>L2</b> Highest Level of Provider On Scene 1 <input type="checkbox"/> First Responder 2 <input checked="" type="checkbox"/> EMT-B (Basic) 3 <input type="checkbox"/> EMT-I (Intermediate) 4 <input type="checkbox"/> EMT-P (Paramedic) 0 <input type="checkbox"/> Other provider N <input type="checkbox"/> No care provided	<b>M</b> Patient Status 1 <input checked="" type="checkbox"/> Improved 2 <input type="checkbox"/> Remained same 3 <input type="checkbox"/> Worsened Check if: 1 <input checked="" type="checkbox"/> Pulse on Transfer	<b>N</b> Disposition 1 <input type="checkbox"/> FD transport to ECF 2 <input type="checkbox"/> Non-FD transport 3 <input type="checkbox"/> Non-FD trans/FD attend 4 <input type="checkbox"/> Non-emergency transfer 0 <input type="checkbox"/> Other N <input checked="" type="checkbox"/> Not transported

NFIRS-6 Revision

**NFIRS 5.0 SELF STUDY PROGRAM  
APPENDIX A**

<b>A</b> FDID <input type="text" value="92188"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="05/03/2002"/> Station <input type="text" value="001"/> Incident Number <input type="text" value="0005455"/> Exposure <input type="text" value="000"/> Haz No <input type="text" value="01"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change		<b>NFIRS - 7 HazMat</b>																													
<b>B</b> HazMat ID <input type="text" value="1072"/> UN Number <input type="text" value="22"/> DOT Hazard Classification <input type="text" value="DIIV7782447"/> CAS Registration Number <input type="text" value=""/> Chemical Name <input type="text" value="Oxygen (Compressed gas)"/>																															
<b>C<sub>1</sub></b> Container Type  <input type="text" value="12"/> Container Type  <div style="border: 1px solid black; padding: 5px; margin-top: 10px;">           More hazardous materials? Use additional sheets.         </div>	<b>C<sub>2</sub></b> Estimated Container Capacity  <input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value="122"/> Capacity: by volume or weight  <b>C<sub>3</sub></b> Units: Capacity Check one box <table style="width:100%;"> <tr> <td><b>VOLUME</b></td> <td><b>WEIGHT</b></td> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> </tr> <tr> <td>15 <input checked="" type="checkbox"/> Cubic feet</td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td></td> </tr> </table>	<b>VOLUME</b>	<b>WEIGHT</b>	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	15 <input checked="" type="checkbox"/> Cubic feet		16 <input type="checkbox"/> Cubic meters		<b>D<sub>1</sub></b> Estimated Amount Released <input type="text" value=""/> , <input type="text" value=""/> , <input type="text" value="90"/> Amount released: by volume or weight  <b>D<sub>2</sub></b> Units: Released Check one box <table style="width:100%;"> <tr> <td><b>VOLUME</b></td> <td><b>WEIGHT</b></td> </tr> <tr> <td>11 <input type="checkbox"/> Ounces</td> <td>21 <input type="checkbox"/> Ounces</td> </tr> <tr> <td>12 <input type="checkbox"/> Gallons</td> <td>22 <input type="checkbox"/> Pounds</td> </tr> <tr> <td>13 <input type="checkbox"/> Barrels: 42 gal.</td> <td>23 <input type="checkbox"/> Grams</td> </tr> <tr> <td>14 <input type="checkbox"/> Liters</td> <td>24 <input type="checkbox"/> Kilograms</td> </tr> <tr> <td>15 <input checked="" type="checkbox"/> Cubic feet</td> <td></td> </tr> <tr> <td>16 <input type="checkbox"/> Cubic meters</td> <td></td> </tr> </table>	<b>VOLUME</b>	<b>WEIGHT</b>	11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces	12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds	13 <input type="checkbox"/> Barrels: 42 gal.	23 <input type="checkbox"/> Grams	14 <input type="checkbox"/> Liters	24 <input type="checkbox"/> Kilograms	15 <input checked="" type="checkbox"/> Cubic feet		16 <input type="checkbox"/> Cubic meters		<b>E<sub>1</sub></b> Physical State When Released 1 <input type="checkbox"/> Solid 2 <input type="checkbox"/> Liquid 3 <input checked="" type="checkbox"/> Gas U <input type="checkbox"/> Undetermined  <b>E<sub>2</sub></b> Released Into <input type="text" value="1"/> Released into
<b>VOLUME</b>	<b>WEIGHT</b>																														
11 <input type="checkbox"/> Ounces	21 <input type="checkbox"/> Ounces																														
12 <input type="checkbox"/> Gallons	22 <input type="checkbox"/> Pounds																														
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16 <input type="checkbox"/> Cubic meters																															
<div style="border: 1px solid black; padding: 5px; margin-bottom: 10px;">           Complete the remainder of this form only for the first hazardous material involved in this incident.         </div> <b>F<sub>1</sub></b> Released From: Check all applicable boxes <input type="checkbox"/> Below grade 1 <input checked="" type="checkbox"/> Inside/on structure <input type="text" value=""/> Story of release 2 <input type="checkbox"/> Outside of structure		<b>F<sub>2</sub></b> Population Density 1 <input checked="" type="checkbox"/> Urban 2 <input type="checkbox"/> Suburban 3 <input type="checkbox"/> Rural  <b>G<sub>1</sub></b> Area Affected 1 <input checked="" type="checkbox"/> Square Feet 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square Miles <input type="text" value=""/> , <input type="text" value="115"/> Enter measurement	<b>G<sub>2</sub></b> Area Evacuated <input type="checkbox"/> None 1 <input checked="" type="checkbox"/> Square Feet <input type="text" value=""/> , <input type="text" value="160"/> 2 <input type="checkbox"/> Blocks 3 <input type="checkbox"/> Square Miles Enter Measurement  <b>G<sub>3</sub></b> Estimated Number of People Evacuated <input type="text" value=""/> , <input type="text" value="0"/>  <b>G<sub>4</sub></b> Estimated Number of Buildings Evacuated <input type="text" value=""/> , <input type="text" value=""/> <input checked="" type="checkbox"/> None	<b>H</b> HazMat Actions Taken Enter up to three actions taken <input type="text" value="11"/> Identify, analyze hazardous materials Primary Action Taken (1) <input type="text" value="15"/> Remove hazards or hazardous materials Additional Action Taken (2) <input type="text" value="22"/> Isolate area and establish... Additional Action Taken (3)  <b>I</b> If fire or explosion is involved with a release, which occurred first? 1 <input checked="" type="checkbox"/> Ignition    U <input type="checkbox"/> Undetermined 2 <input type="checkbox"/> Release																											
<b>J</b> Cause of Release <input type="text" value=""/> 1 <input type="checkbox"/> Intentional 2 <input type="checkbox"/> Unintentional release 3 <input checked="" type="checkbox"/> Container/containment failure 4 <input type="checkbox"/> Act of nature 5 <input type="checkbox"/> Cause under investigation U <input type="checkbox"/> Cause undetermined after investigation		<b>K</b> Factors Contributing to Release Enter up to three contributing factors <input type="text" value="71"/> Collision, overturn, knockdown Factor Contributing To Release (1) <input type="text" value="46"/> Improper movement of hazardous materials contained Factor <input type="text" value=""/> <input type="text" value=""/> Factor Contributing To Release (3)		<b>L</b> Factors Affecting Mitigation Enter up to three factors or impediments that affected the mitigation of the incident <input type="text" value="NN"/> None Factor or impediment (1) <input type="text" value=""/> <input type="text" value=""/> Factor or impediment (2) <input type="text" value=""/> <input type="text" value=""/> Factor or impediment (3)																											
<b>M</b> Equipment Involved In Release <input checked="" type="checkbox"/> None <input type="text" value=""/> <input type="text" value=""/> Equipment involved in release  Brand <input type="text" value=""/>  Model <input type="text" value=""/> Serial Number <input type="text" value=""/>  Year <input type="text" value=""/>		<b>N</b> Mobile Property Involved in Release <input checked="" type="checkbox"/> None <input type="text" value="11"/> Passenger car Mobile property type <input type="text" value="FO"/> Ford Mobile property make <input type="text" value=""/> Explorer <input type="text" value="1999"/> Model Year <input type="text" value=""/> A C Z 5 8 6 <input type="text" value="VA"/> License Plate Number State DOT Number/ ICC Number		<b>O</b> HazMat Disposition <input type="text" value=""/> 1 <input checked="" type="checkbox"/> Completed by fire service only 2 <input type="checkbox"/> Completed w/ fire service present 3 <input type="checkbox"/> Released to local agency 4 <input type="checkbox"/> Released to county agency 5 <input type="checkbox"/> Released to state agency 6 <input type="checkbox"/> Released to federal agency 7 <input type="checkbox"/> Released to private agency 8 <input type="checkbox"/> Released to property owner or manager  <b>P</b> HazMat Civilian Casualties <table style="width:100%;"> <tr> <td>Deaths <input type="text" value="0"/></td> <td>Injuries <input type="text" value="0"/></td> </tr> </table> NFIRS-7 Revision	Deaths <input type="text" value="0"/>	Injuries <input type="text" value="0"/>																									
Deaths <input type="text" value="0"/>	Injuries <input type="text" value="0"/>																														



**NFIRS 5.0 SELF STUDY PROGRAM**  
**APPENDIX A**

<b>A</b> FDID <input type="text" value="91211818"/> State <input type="text" value="VA"/> Incident Date <input type="text" value="01"/> <input type="text" value="05"/> <input type="text" value="03"/> <input type="text" value="20"/> <input type="text" value="00"/> <input type="text" value="21"/> Station <input type="text" value="01"/> <input type="text" value="01"/> Incident Number <input type="text" value="01"/> <input type="text" value="00"/> <input type="text" value="05"/> <input type="text" value="45"/> <input type="text" value="55"/> Exposure <input type="text" value="01"/> <input type="text" value="00"/> <input type="text" value="00"/> <input type="checkbox"/> Delete <input type="checkbox"/> Change <b>NFIRS - 11 Arson</b>		
<b>B Agency Referred To</b> <input checked="" type="checkbox"/> None Street Address <input type="text"/> Agency Name <input type="text"/> City <input type="text"/> State <input type="text"/> Zip Code <input type="text"/> Their Case Number <input type="text"/> Their ORI <input type="text"/> Their Federal Identifier (FID) <input type="text"/> Their FDID <input type="text"/>		
<b>C Case Status</b> 1 <input checked="" type="checkbox"/> Investigation open 2 <input type="checkbox"/> Investigation closed 3 <input type="checkbox"/> Investigation inactive 4 <input type="checkbox"/> Closed with arrest 5 <input type="checkbox"/> Closed with exceptional clearance	<b>D Availability of Material First Ignited</b> 1 <input checked="" type="checkbox"/> Transported to scene 2 <input type="checkbox"/> Available at scene U <input type="checkbox"/> Unknown	
<b>E Suspected Motivation Factors</b> Check up to three factors 11 <input type="checkbox"/> Extortion 22 <input type="checkbox"/> Hate crime 42 <input type="checkbox"/> Vanity/recognition 54 <input type="checkbox"/> Burglary 12 <input type="checkbox"/> Labor unrest 23 <input type="checkbox"/> Institutional 43 <input type="checkbox"/> Thrills 61 <input type="checkbox"/> Homicide concealment 13 <input type="checkbox"/> Insurance fraud 24 <input type="checkbox"/> Societal 44 <input type="checkbox"/> Attention/sympathy 62 <input checked="" type="checkbox"/> Burglary concealment 14 <input type="checkbox"/> Intimidation 31 <input type="checkbox"/> Protest 45 <input type="checkbox"/> Sexual excitement 63 <input type="checkbox"/> Auto theft concealment 15 <input type="checkbox"/> Void contract/lease 32 <input type="checkbox"/> Civil unrest 51 <input type="checkbox"/> Homicide 64 <input type="checkbox"/> Destroy records/evidence 16 <input type="checkbox"/> Personal 41 <input type="checkbox"/> Fireplay/curiosity 52 <input checked="" type="checkbox"/> Suicide 00 <input type="checkbox"/> Other motivation 21 <input type="checkbox"/> Personal 41 <input type="checkbox"/> Fireplay/curiosity 53 <input type="checkbox"/> Domestic violence UU <input type="checkbox"/> Unknown motivation		
<b>F Apparent Group Involvement</b> Check up to three factors 1 <input type="checkbox"/> Terrorist group 2 <input type="checkbox"/> Gang 3 <input type="checkbox"/> Anti-government group 4 <input type="checkbox"/> Outlaw motorcycle organization 5 <input type="checkbox"/> Organized crime 6 <input type="checkbox"/> Racial/ethnic hate group 7 <input type="checkbox"/> Religious hate group 8 <input type="checkbox"/> Sexual preference hate group 0 <input type="checkbox"/> Other group N <input checked="" type="checkbox"/> No group involvement, acted alone U <input type="checkbox"/> Unknown	<b>H Incendiary Devices</b> Select one from each category <b>CONTAINER</b> NN <input type="checkbox"/> None 11 <input checked="" type="checkbox"/> Bottle (glass) 14 <input type="checkbox"/> Pressurized Container 17 <input type="checkbox"/> Box 12 <input type="checkbox"/> Bottle (plastic) 15 <input type="checkbox"/> Can 00 <input type="checkbox"/> Other Container 13 <input type="checkbox"/> Jug 16 <input type="checkbox"/> Gasoline or fuel can UU <input type="checkbox"/> Unknown <b>IGNITION/DELAY DEVICE</b> NN <input type="checkbox"/> None 11 <input type="checkbox"/> Wick or Fuse 17 <input checked="" type="checkbox"/> Road flare/fuse 12 <input type="checkbox"/> Candle 18 <input type="checkbox"/> Chemical Component 13 <input checked="" type="checkbox"/> Cigarette & Matchbook 19 <input type="checkbox"/> Trailer/Streamer 14 <input type="checkbox"/> Electronic Component 20 <input type="checkbox"/> Open flame source 15 <input type="checkbox"/> Mechanical Device 00 <input type="checkbox"/> Other delay device 16 <input type="checkbox"/> Remote Control UU <input type="checkbox"/> Unknown <b>FUEL</b> NN <input type="checkbox"/> None 11 <input type="checkbox"/> Ordinary Combustibles 16 <input type="checkbox"/> Pyrotechnic material 12 <input type="checkbox"/> Flammable gas 17 <input type="checkbox"/> Explosive material 14 <input checked="" type="checkbox"/> Ignitable liquid 00 <input type="checkbox"/> Other material 15 <input type="checkbox"/> Ignitable solid UU <input type="checkbox"/> Unknown	
<b>G1 Entry Method</b> <input type="text" value="1"/> <input type="text" value="2"/> Door—Forced Open Entry Method	<b>G2 Extent of Fire Involvement on Arrival</b> <input type="text" value="3"/> Flame and Smoke Showing Extent of Fire Involvement	
<b>I Other Investigative Information</b> Check all that apply 1 <input type="checkbox"/> Code violations 2 <input type="checkbox"/> Structure for sale 3 <input type="checkbox"/> Structure vacant 4 <input type="checkbox"/> Other crimes involved 5 <input type="checkbox"/> Illicit drug activity 6 <input type="checkbox"/> Change in insurance 7 <input type="checkbox"/> Financial problem 8 <input type="checkbox"/> Criminal/Civil actions pending	<b>J Property Ownership</b> 1 <input checked="" type="checkbox"/> Private 2 <input type="checkbox"/> City, town, village, local 3 <input type="checkbox"/> County or parish 4 <input type="checkbox"/> State or province 5 <input type="checkbox"/> Federal 6 <input type="checkbox"/> Foreign 7 <input type="checkbox"/> Military 0 <input type="checkbox"/> Other	<b>K Initial Observations</b> Check all that apply 1 <input type="checkbox"/> Windows ajar 5 <input type="checkbox"/> Fire department forced entry 2 <input type="checkbox"/> Doors ajar 6 <input type="checkbox"/> Forced entry prior to FD arrival 3 <input type="checkbox"/> Doors locked 7 <input type="checkbox"/> Security system activated 4 <input type="checkbox"/> Doors unlocked 8 <input type="checkbox"/> Security present, (didn't activate) <b>L Laboratory Used</b> Check all that apply 1 <input type="checkbox"/> Local 3 <input type="checkbox"/> ATF 5 <input type="checkbox"/> Other 6 <input type="checkbox"/> Private 2 <input checked="" type="checkbox"/> State 4 <input type="checkbox"/> FBI Federal N <input type="checkbox"/> None

**NFIRS 5.0 SELF STUDY PROGRAM  
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<b>A</b>	FDID 9 2 1 8 8	State VA	Incident Date MM 0 5 DD 0 3 YYYY 2 0 0 2	Station 0 0 1	Incident Number 0 0 0 5 4 5 5	Exposure 0 0 0	<input type="checkbox"/> Delete <input type="checkbox"/> Change	NFIRS - 11 Juvenile Firesetter
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<div style="border: 2px solid black; padding: 5px; margin-bottom: 10px; text-align: center;"> <b>Complete this section if the person involved in the ignition of the fire</b> </div> <div> <b>M1 Subject Number</b>  <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">           0 0 1         </div>  <small>Subject Number</small> </div>	<b>M2 Age or Date of Birth</b> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">           0 1 5         </div> <small>Age (in years)</small> <div style="text-align: center; margin: 5px 0;"><b>OR</b></div> <div style="display: flex; justify-content: space-around;"> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">             Month           </div> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">             Day           </div> <div style="border: 1px solid black; display: inline-block; padding: 2px 10px;">             Year           </div> </div>	<b>M4 Race</b> 1 <input type="checkbox"/> White 2 <input type="checkbox"/> Black 3 <input type="checkbox"/> Am. Indian, Eskimo 4 <input type="checkbox"/> Asian 0 <input checked="" type="checkbox"/> Other, multi-racial U <input type="checkbox"/> Undetermined	<b>M6 Family Type</b> 1 <input checked="" type="checkbox"/> Single parent 2 <input type="checkbox"/> Foster parent(s) 3 <input type="checkbox"/> Two parent family 4 <input type="checkbox"/> Extended family N <input type="checkbox"/> No family unit 0 <input type="checkbox"/> Other family type U <input type="checkbox"/> Unknown
<b>M3 Gender</b> 1 <input checked="" type="checkbox"/> Male    2 <input type="checkbox"/> Female	<b>M5 Ethnicity</b> 1 <input type="checkbox"/> Hispanic		

<b>M7 Motivation/Risk Factors</b> <div style="float: right; font-size: small;">         Check only one of codes 1-3 and then all others that       </div> <div style="clear: both;"></div> <div style="margin-bottom: 10px;">           1 <input type="checkbox"/> Mild curiosity about fire            2 <input type="checkbox"/> Moderate curiosity about fire            3 <input checked="" type="checkbox"/> Extreme curiosity about fire         </div> <div>           4 <input checked="" type="checkbox"/> Diagnosed (or suspected) ADD/ADHD            5 <input type="checkbox"/> History of trouble outside school            6 <input type="checkbox"/> History of stealing or shoplifting            7 <input type="checkbox"/> History of physically assaulting others            8 <input checked="" type="checkbox"/> History of fireplay or firesetting            9 <input type="checkbox"/> Transiency            0 <input type="checkbox"/> Other            U <input type="checkbox"/> Unknown         </div>	<b>M8 Disposition of Person Under 18</b> 1 <input type="checkbox"/> Handled within department 2 <input type="checkbox"/> Released to parent/guardian 3 <input checked="" type="checkbox"/> Referred to other authority 4 <input type="checkbox"/> Referred to treatment program 5 <input type="checkbox"/> Arrested, charged as adult 6 <input type="checkbox"/> Referred to firesetter intervention program 0 <input type="checkbox"/> Other U <input type="checkbox"/> Unknown
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<b>N</b>	<b>Remarks (local use)</b>  Found 7-year-old male playing with matches who appeared to have set a mattress on fire, passed on all information to Steve Morash, the public education officer on duty.  <div style="border: 1px solid black; height: 150px; margin-top: 5px;"></div>
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